

BULLETIN

of the
MAHONING COUNTY
MEDICAL SOCIETY

Volume LIV

JUNE, 1984

Number 5



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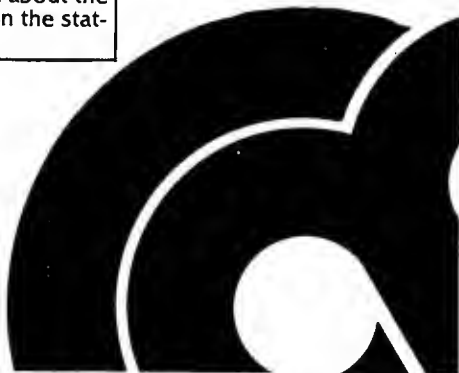
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1984 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1984

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 17	Mar. 20	May 15	Sept. 18	Nov. 20	Dec. 18

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From the Desk of the President



Mr. Greg Krieger and Mr. Carl Rafoth, representing the Eastern Ohio Pharmaceutical Association, were guests at the April 10th meeting of Council. They came at our request to discuss my editorial concerning proposed changes in Ohio State Pharmacy legislation and to generally disagree with that editorial relative to medication sold over the counter in pharmacies.

This motivated me to go to the "Handbook of Non-Prescription Drugs: 5th Edition" published by the American Pharmaceutical Association. A review of some of its chapters is illuminating. Chapter 13 on weight control products notes that phenylpropanolamine, a common ingredient of over-the-counter medications, is *probably ineffective* in the dose provided (25mg) as noted by the AMA's Drug Evaluations. They also say a basic pharmacology textbook states that the drug is *ineffective* as an appetite suppressant. Side effects of this particular medication include: nervousness, restlessness, insomnia, headache, nausea, tachycardia, palpitations, and excessive rises in blood pressure. It may elevate blood sugar levels, produce cardiac stimulation, and can be involved in drug reactions; most specifically with monimine oxidase inhibitors.

Bulk producers are noted to be no more effective than a low calorie high-residue diet in weight reduction program. Their laxative effect may not always be desirable. Methylcellulose wafers can cause esophageal obstruction. Bulk producers may be especially hazardous when combined with anticholinergics.

Benzocaine is used in many diet preparations and it states that there is no conclusive clinical data in the literature to support an appetite suppressant effect on the G. I. mucosa. Benzocaine can cause rare cyanotic reactions and this drug is particularly dangerous to infants. Anaphylaxis is a possibility. The Handbook of Non-Prescription Drugs" states there is *no conclusive data to support the appetite suppression effect of benzocaine*.

Glucose often is used in weight-reduction pills. The same book states that the effectiveness of glucose in a long-term weight control program has not been established. Artificial sweeteners are, of course, added to over-the-counter diet preparations. Saccharin has been shown to cause bladder tumors in rats and may accumulate in fetal tissue. Aspartame was reported to produce uterine polyps in rats. This also contains phenylamine and should not be taken by women with homozygous PKU during childbearing age. Blood levels of phenylamine over 12% during pregnancy increase the risk of fetal abnormalities.

(Continued on Page 112)



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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

EDITOR

S. K. MISHR, M.D.

EDITOR EMERITUS

James L. Fisher, M.D.

MANAGING EDITOR

Robert B. Blake

EDITORIAL STAFF

Robert R. Fisher, M.D.

John C. Melnick, M.D.

James A. Lambert, M.D.

Jack Schreiber, M.D.

Editorial

DID YOUR PATIENT QUALIFY?

You may or may not have noticed a green label on your patient chart. If you did not so far, you are likely to find that green label sooner or later. It will tell you that your patient did not qualify for the admission criteria set by Medicare. If you do not know what you are reading about, ask the head nurse of any ward in the hospital. Every floor has a handbook detailing criteria for admission and stay in the hospital set by Medicare. I wonder why this handbook was not given to all the admitting physicians. Actually, this handbook should be given to the media for wide publicity to the people.

Why should it be given to physicians? Physicians should study it. Because if an admission to the hospital is not approved, the hospital will not get reimbursed by Medicare. The patient will be upset with the doctor that he is stuck with a bill which the hospital will demand him to pay. The hospital will be upset with the admitting physician that he or she is responsible for the accumulating bill which is uncollectable. The hospital may take reprisals against the physician and the physician will fight the reprisals. It will be a mess.

Therefore, physicians must question these criteria and take appropriate action to try to modify them. Many of the criteria are such that only extremely sick patients will qualify and a lot of moderately sick patients will disqualify. They are mostly laboratory oriented. Only a few examples will suffice: Serum sodium below 123 or above 156 mEq/L, potassium below 2.5 or above 6 mEq/L, presence of toxic levels of barbiturates. Are these laboratory studies to be done in the physician's office or in the admissions office before the patient is admitted to find out if he or she qualifies for admission?

Even the clinical criteria will exclude a lot of moderately sick patients. Take an example of fever. In older people, when they get an infection, their temperature does not rise as much as in younger people. But the severity-of-illness criteria calls for a temperature to be above 102°F with WBC above 15,000 cu mm. or bacteria by smear. What about infections where no bacteria can be seen, the WBC count does not rise, and the fever is below 102°F?

(Next Page)

Only sudden onset of hearing loss or speech loss will qualify and not a rapid or gradual loss. If the utilization committee takes an arbitrary stand in defining and implementing the criteria, then, it is standing on thin ice. Actually, it is so uncomfortable for some of the members that one very respected physician quit his utilization review job and others have refused to take his job.

The physicians have to take it up because they are caught between the patients and the hospital. The patient says "you are discharging me too soon" and the hospital says "you are keeping the patients too long in the hospital." But, patients expect the physician to stand up for them, and it is a good tradition worth standing up for.

The media should get hold of this booklet because people should be educated so their attitudes and expectations may evolve, commensurate with the economic predicament of the health industry and its interactions with government. If we do not do that, we are helping sow the seeds of discontent all around.

People have come to expect medicine to be an exact science, which it is not. They expect the medical science to do miracles, which only God can do. The hospital is expected to provide care which even five star hotels cannot provide at that cost.

If hospital costs are high, the government is saying "we will pay less but you keep providing the same quality of care."

It is very difficult to provide same quality at less cost in a traditional hospital. We need a new concept in hospital care. Possibly family should be involved in some selected areas like providing food for patients when they are in the hospital, if they are not on any special diet, or their involvement in some nursing when possible. Even some self-care has to be introduced. Hospitals have to be protected from litigation. More research should be done along these lines.

Suman K. Mishr, M.D.

From the Desk of the President

(Continued from Page 110)

Vitamins are added to many diet preparations. There may be an inadequate vitamin intake but this does not apply to all patients. Caffeine is frequently used to stimulate the patient but it can also give a compulsive desire to eat.

The chapter ends with: "The role of the pharmacist is to supply pertinent information regarding these matters." Yet these are over-the-counter drugs, advertised, and bought by the customer without professional counseling.

Pharmacists are valuable allies in good health-care regarding prescription drugs. The Federal Drug Administration should insist that many over-the-counter drugs be labeled as "not effective" and "potentially harmful."

Glenn J. Baumbblatt, M.D.

FACULTY APPOINTMENTS

Mahoning County Medical Society members who were awarded faculty rank at the January 23, 1984 meeting of the Board of Trustees of NEOUCOM are: Robert J. Sinsheimer, M.D., family medicine instructor; Parduman Singh, M.D., Robert G. Spratt, M.D., Donald Tamulonis, M.D., internal medicine instructor; Jacques St. Julien, M.D., Catherine E. Molloy, D.O., obstetrics/gynecology clinical assistant professor; Veeriah C. Perni, M.D., John B. Werning, M.D., Jerome C. Hightower, M.D., surgery assistant professor.

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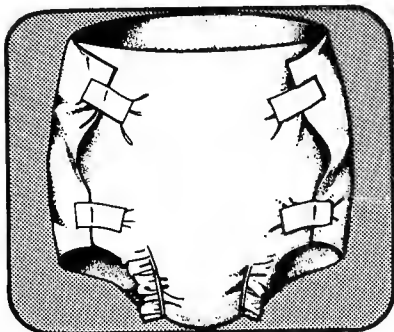
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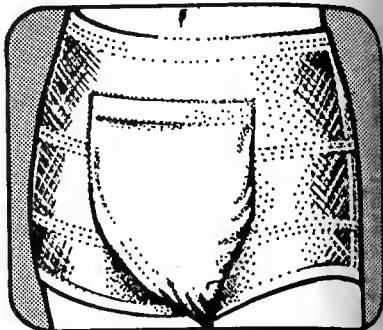
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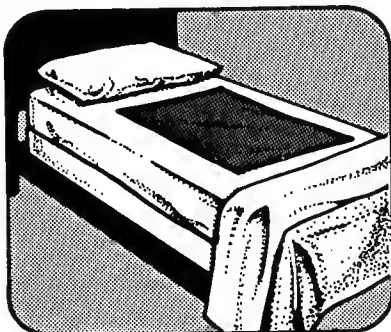
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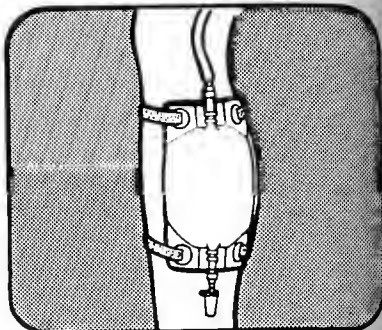
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PROCEEDINGS OF COUNCIL

April 10, 1984

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, April 10, 1984 at the Youngstown Club.

Greg Kreiger and Carl Rafoth, representing the Eastern Ohio Pharmaceutical Association, were special guests of the Council.

The meeting was called to order at 7:35 p.m. by Dr. Baumblatt. The minutes of the March meeting, having been read, were approved.

The treasurer's report included the bill list, a membership report showing 328 regular members, 63 emeritus or retired members and 71 resident members, with 23 members who have not paid 1984 dues yet. The report also included a report on investment income for the first quarter of 1984. A motion was made, seconded and passed to pay each bill on the bill list.

The following applications for membership were presented by the Censors:

ASSOCIATE: Mohammed Amin, M.D.
Paul W. Cosby, M.D.
Herlata S. Kumar, M.D.

The applications were approved. The applicants will become members of the Mahoning County Medical Society, in the voted category, 15 days after the printing of the names in the minutes of the April meeting that are mailed to all members, unless objection is filed in writing with the executive director before that time.

Communications included a notice about a legal seminar concerning treating handicapped newborns, and an announcement of the AMA 1985 Health Legislation Meeting.

The Scholarship Recognition Dinner Committee reported everything set for April 12 with Mr. Gregory Absten of Grove City, Ohio to speak on laser.

In the Canfield Fair Committee report, Dr. Jack Schreiber announced the committee would like to have an "Ask The Doctor" type program at the fair in the medical-health building in which Society members would answer questions for persons visiting the fair. The Council made known its approval of the project. Dr. Schreiber also noted he is the conduit to AMA because of his status as Delegate to the AMA House of Delegates and offered to transmit any items members wished brought to the attention of AMA.

Sixth District Councilor Dr. Anderson commented on the special session of the OSMA House of Delegates on April 14, 1984 and explained the possible reason for the change of posture by OSMA in regard to becoming the PRO for the State of Ohio. Although originally in favor of seeking the designation as PRO, the OSMA has reversed its stance primarily because the specifications and regulations seemed to be aimed principally at cost-cutting and not quality of medical care.

UNFINISHED BUSINESS

At the invitation of Council, Greg Kreiger and Carl Rafoth of the Pharmacy Association, presented the reasoning behind the presentation of House Bill 208 regarding extension of the practice of pharmacy. They pointed out that mail-order prescription filling takes all control from the originating physician. They noted that physicians that wish to specify "dispense as written" must put the designation "D. A. W." on the prescription in their own handwriting and not merely have it printed on the prescription slip. There was quite a discussion on the quality of generic drugs, with the contention that generic drugs made by reputable pharmaceutical companies can be trusted.

At the request of Dr. Handel, a discussion was held concerning the new regulations concerning Pre-admission Certification for Medicaid Elective Hospital Admissions. It was noted that little can be done on a local level about

the usurping of physicians prerogatives but the OSMA House of Delegates will be addressing the problem at its meeting in May.

A discussion of the "Rally 'Round The Valley" promotion and how the Society can assist was tabled until the next meeting in order to acquire more information about the project.

Mailing the *Bulletin* to the doctors' offices instead of the homes was discussed. It was decided, with all the material that comes to doctors' offices, there is a better chance the *Bulletin* will be read by the doctor or his wife if it is sent to the homes, as it will be.

Inspector Smith of the Ohio Department of Pharmacy informed the Society office that drug abusers are obtaining prescriptions for Doriden (glutethemide) and combining it with Codein to effect a big high. It was suggested the Pharmacy Department be contacted for a list of other drugs being used in the same way so it can be published in the *Bulletin*.

* * * * *

PROCEEDINGS OF COUNCIL

May 8, 1984

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, May 8, 1984 at the Youngstown Club.

The meeting was called to order at 7:30 p.m. by Dr. Baumblatt. The minutes of the April meeting, having been read, were approved.

The treasurer's report included a bill list, a report on current income and a membership report showing 14 members who have not paid 1984 dues. A motion was made, seconded and passed to pay each and every bill on the bill list.

The following applications for membership were presented:

ACTIVE: Silpachai Siripong, M.D.

ASSOCIATE: Mark Uram, M.D.

Rebecca Bailey-Newton, M.D.

The applications were approved. The applicants will become members of the Mahoning County Medical Society, in the voted category, 15 days after the printing of the names in the minutes of the May meeting that are mailed to all members, unless an objection is filed in writing with the executive director before that time.

Communications included:

Correspondence from State Representative Thomas Gilmartin concerning legislation pertaining to the practice of medicine that has passed the State House.

Thank you cards from Lisa Bennett of South Range High School and Tom Campana of Ursuline High School in appreciation of being honored at the Scholarship Dinner.

Correspondence from Hart Page, Executive Director of OSMA, concerning the House of Delegates meeting about PRO.

The Scholarship Dinner Committee reported 47 of the 48 invitees were present for the scholarship recognition event and a very interesting program about laser was presented by Gregory Absten of Grove City, Ohio, who was contacted by Dr. Armin Banez for the program.

The Membership Committee called attention to the fact that all physicians must have their CURRENT address on file with the Ohio State Medical Board because the license renewal applications must be mailed to the address on file in Columbus as of October 1. Members should also make certain they have a record of their CME credits in the event they are audited after license renewal.

Dr. Sovik, Sixth District Delegate, reported on the action April 14 at the House of Delegates meeting to consider OSMA becoming PRO for Ohio.

He reported the House voted not to try to become the PRO, with 91 delegates on hand for the session.

Sixth District Councilor Dr. Anderson reported on the Sixth District Caucus held April 26 in Salem. He noted there was not an outstanding representation there from the four counties in the district, that OSMA President Dr. Baird Pfahl and OSMA treasurer Dr. David Barr presented the reasons for the dues increase being proposed on the State level. Dr. Anderson noted that 61 resolutions were discussed and a district position taken on each one.

The program committee reported the December meeting of the Society will feature two persons who will speak about British and Canadian medical systems.

A discussion was held concerning the cancellation of the July and August meetings of Council. A motion was made, seconded and duly passed to cancel the July and August meetings of Council unless an emergency arises that necessitates calling one or both of the sessions.

Following a discussion about a Chamber of Commerce meeting in November that will feature an imminent medical speaker, the members of Council approved a motion to re-schedule the November meeting of the Society and hold it November 27 instead of November 20.

The meeting was adjourned at 8:35 p.m.

Robert B. Blake, Executive Director

PICO PROGRAM ON LOSSES

Members of the Mahoning County Medical Society were treated to an interesting and enlightening Loss Awareness Program on April 24 at the Youngstown Country Club, sponsored jointly by PICO and Gluck Insurance Agency of Youngstown.

The program was a slide presentation and discussion concerning PICO's medical professional liability claims history and covered every speciality indemnified by PICO. Narrated by William M. Wells, M.D., the presentation gave an insight to the claims against many specialties and the complete and total indemnity provided by PICO. Dr. Wells noted that PICO is willing to provide legal representation in every case of litigation and is unwilling to provide "nuisance" settlements.

Representing PICO at the meeting in addition to Dr. Wells, were Don Goodwin, senior vice president of claims; Jerry Miller, vice President of underwriting; Howard Trickett, director of Marketing services and Chris Brady, state sales representative.

Hosting the cocktail hour prior to the meeting and the social period following the program from Gluck Agency were James Lang, president; James Keating and James Sutman, vice presidents, and Edward Hassay, contact representative.

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MEDICAL LICENSE RENEWAL

All physicians must apply for renewal of their Ohio State Medical License by January 1, 1985. Applications will be sent to the address of record currently held by the Ohio State Medical Board. If a physician's address has changed since the last licensing period, information concerning the new address should be immediately forwarded to the Ohio State Medical Board, 65 S. Front St., Room 510, Columbus, Ohio 43215 or he will not receive his application for renewal of license. Applications will be sent out by the Medical Board in October.

CENTER SECTION PULLOUT

The four middle pages of this bulletin are designed to be pulled out and placed in the physicians' waiting rooms to be read by their patients. This is a recommendation of the Public Relations Committee and was approved, Feb. 14, by the Council.



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it is made available by the doctors
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Society to provide information
about little known aspects of the
practice of medicine . . .

ON SELECTING YOUR PHYSICIAN

A doctor used to ask all his new patients, "How did you decide to come and see me?" People decide about a doctor in many different ways. Sometimes another doctor mentioned the name. If it is not another doctor, it may have been a relative, nurse, friend, or referral from an answering service. It might have been a hairdresser, or a sales girl at the health-food store.

One time he was signing a credit card at the neighborhood gas station and the man looked at the degree at the end of the name and asked: "I need a physical, are you taking new patients?" Another time he was waiting for the elevator and a stranger approached him and, after finding out directions to the hospital cafeteria, said, "Are you a doctor? Will you check me out tomorrow? I need a work physical."

One lady said, "Well, everybody at my card table comes to you, so I thought I better get in here before you close your practice." Many people select a doctor on his or her looks or how smartly he or she dresses. Many older folks select a younger doctor, probably they want the doctor to outlive them. They know that most doctors do not have long lives.

A significant number of people change doctors. It is an interesting phenomenon why people do physician hopping. Some reasons are: "He did not look into my eyes when he talked to me." "I do not like the color of his skin." No wonder a black doctor went bankrupt when he opened his practice in a white neighborhood.

Another doctor who had opened his new practice. A drug representative first said his piece about the drug he was peddling and then volunteered, "You will not succeed because you are not a WASP." Thank God the people turned out to be better than the drug representative.

Others say, "The doctor was all right but the receptionist was snooty." "Everytime I get sick he wants to see me," not realizing that it is not a good medical practice to prescribe without examining the patient.

Some people leave the doctor because he admitted his patient to a hospital where the patient got upset on something as trifling as a late breakfast one day.

Many times there is more "beef" in the reason why people leave a physician. He is very busy and they have a waiting room, instead of a reception room. He may not be talking enough about the ailment or the treatment. Other times they leave because he made a mistake. Sometimes people fail to realize that medicine is not an exact science, no human being is perfect: only God is perfect.

One way to select a physician is to check around and establish who is a good primary physician. One good source is the county medical society.

A primary physician could be a doctor in Family practice. Family practitioner is a generalist who will do uncomplicated deliveries, take care of children and also do minor surgeries. This doctor will also take care of uncomplicated medical problems and consult with other doctors when necessary.

Primary care is also given by an Internist, who does not deliver babies or take care of younger children. This doctor will probably do some office minor surgery depending upon his training; can handle complicated disease in diagnosing or treating them; and will consult another doctor if an invasive method of diagnosis or treatment is needed. The pediatrician is also a primary care physician for a child.

It is a sound practice to stick to the primary care physician for all basic medical needs.

If a person needs specialists' care, the primary care physician can give a number of choices to select from. The doctor has experience working with them and this could be most valuable.

It is economical to work with your primary care physician, because it avoids duplication of efforts, avoids costly mistakes because a primary care physician knows your medical history and knows the idiosyncracies of your constitution.

If your problem is especially complicated, a primary care physician usually coordinates different modalities of treatments. Your primary care physician can help locate a physician for you if you are moving. The primary care physician is especially useful if you are going to several doctors. There should be one person who can monitor all the different treatment and medicines you are taking.

Suman K. Mishr, M.D.

IT SEEMS TO ME . . .

Common sense usually prevails in the end, although it may move slowly.

Support for research in the post World War II period resulted in many new discoveries in disease diagnoses and management as researchers developed innovative equipment and therapies. A decreased death rate has been attributed to many of the advances. Yet there was a steady decrease in the death rate, beginning with mid-19th century measures which did not include drug therapy and vaccination.

Pure food, pure water, pure air campaigns did much for the improved statistics. Philosophic rather than scientific considerations spurred these attainments. Recently, there have been concerns expressed about hospital-acquired infections. Is it just a coincidence that, with newer miracle treatments, isolation and other techniques have maintained a lowered profile?

Johns Hopkins investigators reported in December 1983 issue of A.J.D.C. on a three-year evaluation of admissions of infants under three months of age with fever. The 30% who were not admitted suffered no known complications. Of those admitted almost 20% developed complications of which 63% were considered preventable.

A changing childhood disease pattern linked with the day-care boom is reported in the March 9, 1984 issue of J.A.M.A. This appears to be the new extended family of the eighties. Many of these facilities are not licensed or surveyed. The working parents cannot afford expensive facilities.

Over the years did the pendulum for science and research swing too far to the detriment of common sense approaches to disease control? Have we recruited too many potential scientists, while casually addressing the practical outlook on health care? Is primary care the answer?

Current political and social forces are addressing these issues! Are we ready?

—Richard W. Juvancic, M.D.

OF LOVE

Oh, life is a glorious cycle of song,
A medley of extemporanea,
And love is a thing that can never go wrong;
And I am Marie of Roumania.

Dorothy Parker

THE MIRACLE

Love at first sight is easy to understand. It's when two people have been looking at each other for years that it becomes a miracle.

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Michelle A. Roche

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Karen Jean Eckles
Vincent Anthony Paolone

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HIGH SCHOOL**

William Suarez
Joseph Agnesi

CANFIELD HIGH SCHOOL

James Todd Reese
John Rhine

**CARDINAL MOONEY
HIGH SCHOOL**

Jeanna Savastano
Carla Habuda

CHANEY HIGH SCHOOL

James A. Harris
John Maxgay

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Regina Hayden
Marcella Stanley

GIRARD HIGH SCHOOL

Lisa Ellen Ezzo
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Mary Beth Siva

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HIGH SCHOOL**

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Thomas Campana
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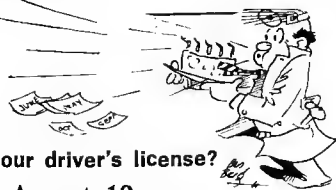
Cheryl Rhodes
Rodney Knauf

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HIGH SCHOOL**

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Dawn Bott

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Get your annual check-up • Is it time to renew your driver's license?



- June 18**
P. L. Boyle
- June 19**
P. J. Mahar, Jr.
C. W. Stertzbach
- June 22**
M. A. Kachmer
J. A. Ruiz
- June 23**
J. J. McDonough
J. A. Patrick
- June 24**
J. K. Altier
M. C. Raupple
- June 27**
B. M. Lim
- June 28**
William Katz
- June 29**
H. L. Khanna
- June 30**
A. V. Banez
K. M. Prasad
- July 1**
A. M. Qadri
- July 2**
S. D. Grossman
I. Mendel
E. Weltman
- July 4**
I. Nenadic
- July 5**
F. A. Miller
- July 6**
M. L. Fok
M. M. Kendall
- July 8**
R. R. Houston
- July 9**
G. L. Altman
J. R. LaManna, Jr.
- July 11**
L. M. Pass
- July 13**
G. Boulis
D. W. Metcalf
- July 17**
J. J. Lee
- July 18**
G. H. Dietz
J. L. Finley
- July 19**
N. A. Jaffer
- July 20**
S. A. Basile
J. B. Werning
- July 23**
G. S. Sevachko
W. F. Stanford
- July 24**
B. L. Lipton
- July 25**
P. J. Mahar
R. M. Roth
- July 27**
N. D. Belinky
M. M. Yarmy
- July 29**
J. A. Abram, Jr.
R. Aiello
S. M. Zervos
- August 3**
I. Werbner
- August 4**
D. A. Salcedo
- August 6**
R. S. Boniface
H. S. Wang
P. A. Miller
- August 7**
B. J. Klahr
J. A. Lambert
- August 8**
J. N. Gordon
M. E. Lowry
F. J. Stefanec
- August 9**
R. B. McConnell
J. P. Myers
- August 10**
J. Politi
- August 11**
I. N. Dombczewsky
G. Ariza
- August 14**
J. L. Fisher
D. W. Fox
M. Amin
- August 16**
B. M. Hayek
P. W. Ho
- August 17**
S. W. Ondash
J. A. Colella
S. Goldstein
- August 18**
F. Gelbman
G. J. Prochnow
- August 19**
W. T. Breesmen
J. J. Campolito
S. S. Husain
S. C. Keyes
J. R. LaManna
- August 20**
R. J. Sinsheimer
- August 21**
E. R. Constantinidi
- August 22**
H. R. Hritz
- August 23**
E. V. Angtuaco
W. D. Loeser
- August 25**
A. G. Bitonte
F. A. Carbonell
H. A. Latorre
A. W. Miglets
- August 26**
C. E. Molloy
- August 27**
F. W. Kunkel
W. R. Torok
- August 28**
C. A. Ariza
E. T. Saadi



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Lois Moss, Manager

HAPPY BIRTHDAY (Continued)

August 30
J. S. Conti
D. R. Dockry

August 31
L. J. Gasser

Sept. 1
B. Taylor

Sept. 3
D. E. Beynon

Sept. 4
M. B. Krupko
E. Kessler

Sept. 5
H. X. Kramer
A. V. Whittaker
M. R. S. Arnold

Sept. 6
H. Holden
E. H. Jones
C. Watanakunakorn

Sept. 8
I. Maeda

Sept. 9
A. R. Hoffmaster
C. E. Pichette

Sept. 10
A. K. Phillips

Sept. 12
S. N. Habib

Sept. 14
M. B. Goldstein
D. J. Tamulonis, Jr.

HOSPITALS ARE FOR PATIENTS

Twenty-two years ago, my mentor and late dean, Dr. William S. Middleton, medical director of the Veterans Administration, wrote an article for the *Medical Annals* of the District of Columbia titled "Let's Give The Hospital Back To The Patient." He wrote about the impersonality of hospitals and made suggestions for improvement. From my observations there has been no improvement.

A hospital should be a quiet place with as pleasant an environment as is possible. Groups of employees should speak softly out of respect for the needs of the resting patients and as a courtesy to the thinking doctor who may have difficulty trying to write orders and formulate a treatment plan amidst a clamor.

Room telephones should be only for patient use or hospital business and not for employee social calls.

Modern hospitals should be carpeted: at least in the halls. Maintenance machinery and other equipment should be noise free. Floors should not be slippery. Door knobs on doors to stairwells should not be loose but should work easily so one could flee in case of fire.

Food should be good and not just another means from which to derive a profit. Bedpans should be banned and a good supply of bedside commodes should be made available.

In Dr. Middleton's time, hospitals were geared to 40-hour weeks with maybe a half-day on Saturday and they have *not* improved in this respect. Illnesses occur at any hour and, in this modern-day cost-control society, it seems wasteful to utilize expensive facilities over weekends and holidays as giant holding areas with minimal therapy.

Courtesy should be the order of the day for everyone in the hospital setting. Rudeness has no place.

It is no wonder that modern proprietary (private) hospitals are taking over this medical country, relative to the middle-class patients and the insured citizens.

The indignity of illness is enough. Let dignity return to our hospitals. It must, if they are to serve properly.

G. J. Baumbblatt, M.D.

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From the Bulletin

FIFTY YEARS AGO — MAY 1934

The Economics Committee employed legal counsel to force the State Relief Commission to pay for the care of the indigent sick (who made up about 50% of many doctors' practices). The fee schedule set up by the State was: Office call \$1.00. House call \$2.00 (night calls 50 cents additional). Normal delivery \$20.00 in the home. Forceps \$5.00 extra. Forceps became very popular. Before that, forceps delivery was a measure of last resort. Indigent sick in the hospital were cared for free by the house staff. That means the attending staff and internes. There were no residents.

Professor McCrae of Jefferson Medical College said that the tars in the automobile exhaust fumes are responsible for the tremendous increase in carcinoma of the bronchus. He also noted that the increase in cigarette smoking coincided with the increase in carcinoma.

There was a College of Surgeons and a College of Physicians. Membership in those meant that you were in, but there were no boards.

Karacin (Merrell) was the popular remedy for "Intestinal toxemia", Viosterol in Halibut Liver Oil (Mead Johnson) was the newest thing in vitamins for infants. Older children who failed to thrive were given Whites Eggol, a special egg emulsion of Cod Liver Oil prepared by Ralph himself. I wonder if any of those infants were harmed by irradiated cholesterol.

You could park at the Central Square Garage for twelve hours and have your car washed for a dollar.

FORTY YEARS AGO — MAY 1944

Major Steven Ondash was awarded the Legion of Merit for outstanding service in Greenland. He served in the British West Indies, Canada, and Alaska. Anywhere Steve goes his performance is outstanding. Joseph Keogh was home after two years at Pearl Harbor. J. M. Russell was serving at McArthur's advanced headquarters in New Guinea. Fred Schellhase was down there too, serving with the 5th Air Force. It was a long way to Guadalcanal, Saipan, Eniwetak, Okinawa, and Japan.

Captain Sidney Davidow was home on leave after a year in the Aleutians and the Attu landing. Captain Morris Rosenblum was back after a year in Puerto Rico. Brack Bowman, J. Scarnecchia, H. E. Hathorn and John Welter were in England getting ready for a short trip across the Channel to France. Bert Firestone and John Rogers were in Africa about to hop over to Italy.

THIRTY YEARS AGO — MAY 1954

President James Brown said that 90% of patient's complaints about doctors are due to careless criticism by other doctors.

Editor Detesco wrote that the physician and his family receive the most inadequate medical care.

The Civil Defense Director wanted \$5000.00 from the city and the same amount from the county to set up a disaster center and bomb shelter under the Mahoning T.B. Sanitorium. He did not get it.

Hugh Bennett was convalescing at home after a long stay in the North Side Unit. During his illness he completed his Board requirements in Internal Medicine. James Calvin became a member of the Society.

TWENTY YEARS AGO — MAY 1964

The program announced for June was Medicine and Religion. President Schreiber said the theme would be "Body and Soul."

Dr. Annis made 16 speeches in two days while here that month. What a schedule!

TEN YEARS AGO — MAY 1974

President John Melnick reminded the members that a small group of activists can prevent the government control of medicine. As an example, he reminded us that a small match can destroy a forest. He asked "What will you say when your grandson asks you "Where were you, grandpa, when the government took over medicine?"

Editor Lou Bloomberg quoted an article written by Dr. Sam Zoss, "We believe that every American can be guaranteed good medical care, but this guarantee should not destroy the doctor-patient relationship by tying the physicians' hands in red tape."

Dr. Jack Schreiber was the speaker at the 8th Annual Scholarship Dinner of the Mahoning County Medical Society. Dr. Louis Bloomberg was Master of Ceremonies. Dr. Jim Might was Chairman in charge of arrangements. Fifty-seven top honor high school students were entertained by Dr. Schreiber with several feats of magic.

Dr. Ed Pichette was nominated for councilor from the 6th District of the OSMA and was elected to that position at the 6th District meeting at Congress Lake Country Club. Others attending were: Dr. J. J. Anderson, Dr. Rashid Abdu, Dr. J. C. Melnick, Dr. W. E. Sovik, Dr. Jack Schreiber, Dr. J. W. Tandatnick and Executive-Secretary, Howard Rempes.

Two members were lost by death. Dr. Clarence Stefanski, a family physician died at the age of 82 of a heart ailment. He is remembered as a kind and gentle man who always had a smile, and could make patients feel better just by walking into the sick room.

The other was Dr. Dean Stillson who was found dead at home on a Sunday morning. He was only 55 years old and his family and the medical community were shocked by his untimely death. Dean was a quiet introspective man who thought a great deal and said very little. He was extremely conscientious and often had his hospital rounds completed by 7:00 a.m. so that he could get to his industrial patients at Youngstown Sheet and Tube Co. He was a good friend, and he has been sorely missed.



FIFTY YEARS AGO — JUNE 1934

Serving on the interne staff at St. Elizabeth's Hospital were Paul Mahar, S. R. Cafaro, and H. B. Thomas. New internes appointed were Wm. E. Maine, Lewis Shensa, Everett Chalker, J. J. Wasilko, and J. K. Herald.

At the Youngstown Hospital C. A. McReynolds, A. R. Cukerbaum, S. A. Myers and C. W. Sears were finishing their year. C. A. Gustafson and Fred Coombs were staying as residents.

J. A. Altdoerffer became a member of the Society.

FORTY YEARS AGO — JUNE 1944

Youngstown doctors were scattered all over the world. Bryan Hutt, John Rogers, and Clyde Walter were heard from, somewhere overseas. John E. L. Keyes was promoted to Lt. Colonel. Paul Kaufman was in Corsica, Gordon Nelson in Italy. Peter Boyle and J. L. Scarnecchia were in England. W. D. McElroy was promoted to Lt. Colonel and was recovering from a broken arm.

Quinine and Quinidine were scarce. To get quinidine the doctor had to write "Cardiac Case" on the prescription and order no more than 150 grains.

THIRTY YEARS AGO — JUNE 1954

In mid-April there were 424 cases of poliomyelitis reported in the U.S.A.

The program that month was presented by hospital residents: Ben Berg and James Quinn from Youngstown Hospital; Robert Hancock and Rocco Vernino from St. Elizabeth's.

Bulletin advertising invited the members to prescribe Fello-Sed for nervousness, Amphedase for depression, Cebefortis for vitamin deficiency, Parveril Phosphate and Lipocaps for goodness knows what, and Parke-Davis was putting TakaDiastase in almost every preparation it made.

TWENTY YEARS AGO — JUNE 1964

Robert Wiltsie, Chairman of Public Relations reported on the meeting of the Child Welfare Conference. Attending were H. Bryan Hutt, F. Kravec, Sam Goldberg, Sidney Franklin and ...ellie Grant of the Visiting Nurse Association. They recommended medical care, immunizations and preschool examinations of children of indigent families.

Our own Dena Evans (Mrs. Wm. H. Evans) was inaugurated President of the Auxiliary to the A.M.A. at the Convention in San Francisco.

John Rogers was made President of the Ohio State Heart Association and Hugh Bennett was elected to the Board of Trustees.

There were seven cases of T.B. reported by the Health Department, no poliomyelitis. Ten cases of Gonorrhea were reported, a small fraction of the actual situation.

TEN YEARS AGO — JUNE 1974

The main topic at the OSMA meeting in May in Cleveland was repeal of the PSRO law. It was not just the Ohio State organization, but this action was also taken by many other states, including Michigan, Arizona, Tennessee, Missouri, Georgia, South Carolina, and Oklahoma. Eighteen bills were introduced in Congress calling for the repeal of PSRO. Dr. Ed Pichette was elected to the post of 6th District Councilor and Dr. Jack Schreiber was already serving as Alternate Delegate to the AMA from Ohio. Dr. Maurice Lieber of Canton was elevated to President-Elect of OSMA.

Later at the Council meeting of June 11th, an Ad Hoc Committee was appointed to study the possibility of the Society forming its own quality care review mechanism.

Dr. William H. Bunn, Jr. was named President-Elect of the Ohio Chapter of the American Heart Association. Northeastern Ohio delegates appointed were Dr. Robert L. Gilliland and Dr. Frank C. Tiberio.

Dr. Leonard Caccamo was among thirteen persons appointed to the Ohio Hospital Advisory Council. Dr. Frank K. Inui left for Talihina, Oklahoma, for service with the U.S. Public Health Service Indian Hospital there.

Another long-time member was lost through death. Dr. David A. Belinky who served as Mahoning County Coroner for many years died at the age of 71.

New members that month were: Active, Ramiro Albarran-Sotelo, M.D. and Associate members were Danny Chung, M.D. Emil R. Constantinidi, M.D., Howard X. Kramer, M.D., and Lloyd E. Slusher, M.D.

Robert R. Fisher, M.D.

PHYSICIAN HONORED

Joseph P. Myers, M.D., a member of the Mahoning County Medical Society, was officially inducted into the American College of Physicians at a session April 26-29 in Atlanta, Ga. Fellowship in the American College of Physicians entitles Dr. Myer to use the initials FACP after his name.

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Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cefadex.

Contraindications: Cefadex is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: In PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CROSS-ALLERGY BETWEEN THE LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS, INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES.

Antibiotics, including Cefadex, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Pseudo-membranous colitis has been reported with virtually all broad-spectrum antibiotics (including tetracyclines, semisynthetic penicillins, and cephalosporins); therefore, it is important to consider its diagnosis in patients who develop diarrhea in association with the use of antibiotics. Such colitis may range in severity from mild to life-threatening.

Treatment with broad-spectrum antibiotics alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is one primary cause of antibiotic-associated colitis.

Mild cases of pseudo-membranous colitis usually respond to drug discontinuance alone. In moderate to severe cases, management should include sigmoidoscopy, appropriate bacteriologic studies, and fluid, electrolyte, and protein supplementation. When the colitis does not improve after the drug has been discontinued, or when it is severe, oral vancomycin is the drug of choice for antibiotic-associated pseudo-membranous colitis produced by *C. difficile*.

Other causes of colitis should be ruled out.

Precautions: General Precautions: If an allergic reaction to Cefadex occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

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Positive direct Coombs' tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when any drug tests are performed on the minor side or in a cross-matching procedure when mothers have received cephalosporin antibiotics before delivery, it should be recognized that a positive Coombs' test may be due to the drug.

Cefadex should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

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Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.

Usage in Pregnancy—Pregnancy Category B:—Reproduction studies have been performed in mice and rats at doses up to 1/2 times the human dose and in ferrets given three times the maximum human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Cefadex. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers:—Small amounts of Cefadex have been detected in mother's milk following administration of single 500-mg doses. Average levels were 0.16, 0.20, 0.21, and 0.15 mg/ml at two, three, four, and five hours respectively. Trace amounts were detected all one hour. The effect on nursing infants is not known. Caution should be exercised when Cefadex is administered to a nursing woman.

Usage in Children:—Safety and effectiveness of this product for use in infants less than one month of age have not been established.

Adverse Reactions: Adverse effects considered related to therapy with Cefadex are uncommon and are listed below.

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting have also been reported.

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100), pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 250 patients. Cases of serum-sensitized reactions (erythema multiforme or the above skin manifestations accompanied by arthralgia/rhealgia and, frequently, fever) have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Cefadex. Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.

Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

Causal Relationship Uncertain:—Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

Hematis:—Slight elevations of SGOT, SGPT, or alkaline phosphatase values (1 in 40).

Hematocrit:—Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

Renal:—Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200). (061782N)

*Many authorities all but rule acute infectious exanthema of chronic bronchitis to either *S. pneumoniae* or *H. influenzae*.

Note: Cefadex is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

References

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8. Principles and Practice of Infectious Diseases (edited by G. L. Mandell, R. G. Douglas, Jr., and J. E. Bennett), p. 487, New York: John Wiley & Sons, 1979.

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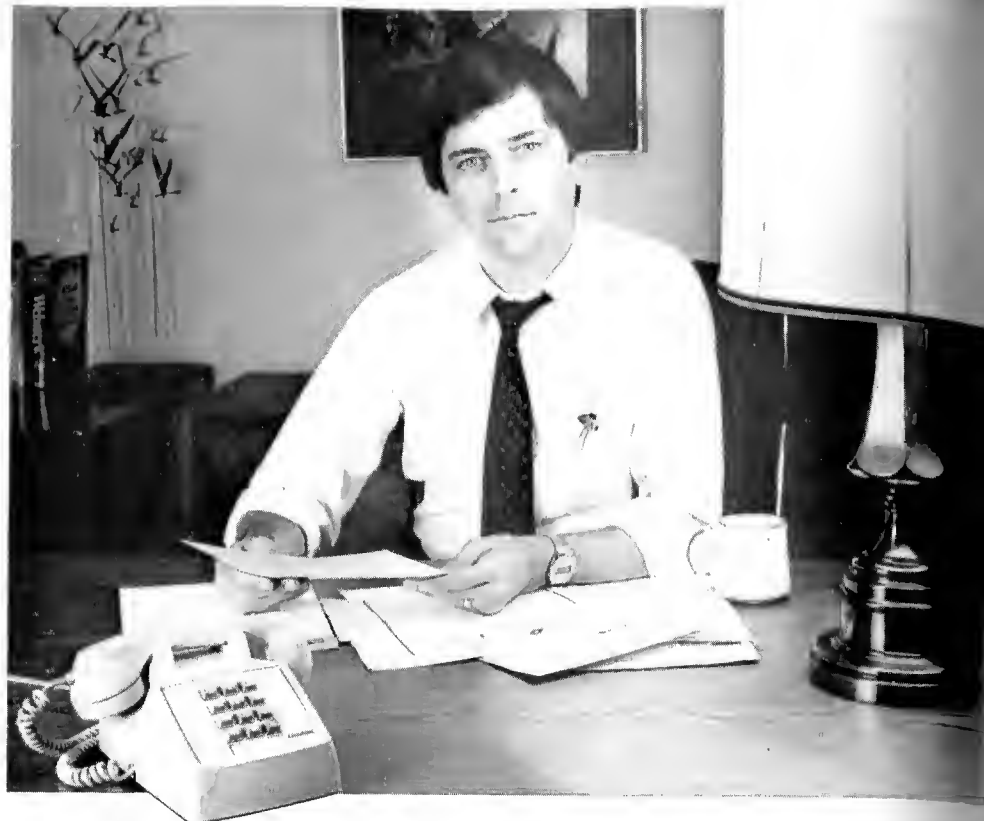
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